

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	<u>Gila</u>	BUREAU OF VITAL STATISTICS	
District of		ORIGINAL CERTIFICATE OF BIRTH	
Town of	<u>Miami</u>	State Index No.	<u>155</u>
or		County Registrar No.	<u>192</u>
City of		Local Registrar No.	
No. <u>234 Depot Hill</u>		St.	Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)		If child is not yet named, make supplemental report, as directed.	
2. Full name of child	<u>Aurora Roderiguez</u>		
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate?
<u>Female</u>			<u>yes</u>
6. Date of birth	7. Date of birth	Month	day year
	<u>May 12-1927</u>		
8. FATHER		14. MOTHER	
Full name <u>Jose Roderiguez</u>		Full maiden name <u>Rosa Caravalla</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>Mex.</u>		16. Color or race <u>Mex.</u>	
11. Age at last birthday <u>25</u> (Years)		17. Age at last birthday <u>19</u> (Years)	
12. Birthplace (city or place) <u>Zacatecas</u>		18. Birthplace (city or place) <u>Chihuahua</u>	
(State or country) <u>Mex.</u>		(State or country) <u>Mex.</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Miner</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against	
(Taken as of time of birth of child herein certified and including this child.)		thallmia neonatorum?	
(a) Born alive and now living <u>1</u>		<u>yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11 A.</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Cyril M. Brown</u>	
Given name added from supplemental report		(Physician or midwife)	
Month, day, year.		Address <u>Miami, Arizona</u>	
Filed <u>May 20, 1927</u>		Local Registrar.	
Registrar.		County Registrar.	

557-512-148